

healthwatch

Brighton and Hove

Patient perspectives of the Gynaecological OPD at the Royal Sussex County Hospital



1 Introduction

The visit to the Gynaecological clinic was conducted by authorised Healthwatch Enter and View Representatives.¹ Healthwatch volunteers interviewed nine patients at the Gynaecological clinic and made observations. We tried to attend further clinics but there were no patients at that time. We used a semi-structured questionnaire which covered patient's experience with their appointment, the referral process to the clinic and their consultation with the specialist. Volunteers asked about the hospital environment, privacy and confidentiality, the reception areas and the quality of their experience. We sometimes found it difficult to get responses about experiences in consultations as patients often did not want to be delayed after the appointment. We fed back the findings to management on the 9th September.

2 Summary findings

The review found patients generally favourable about the quality of care provided in consultations. A fifth of patients reported appointment cancellations. The booking system was reported by staff to work well but some problems in administration of referrals were reported when we spoke to patients. There were delays in seeing the doctors in the clinic with some clinics appearing to have no or few bookings.

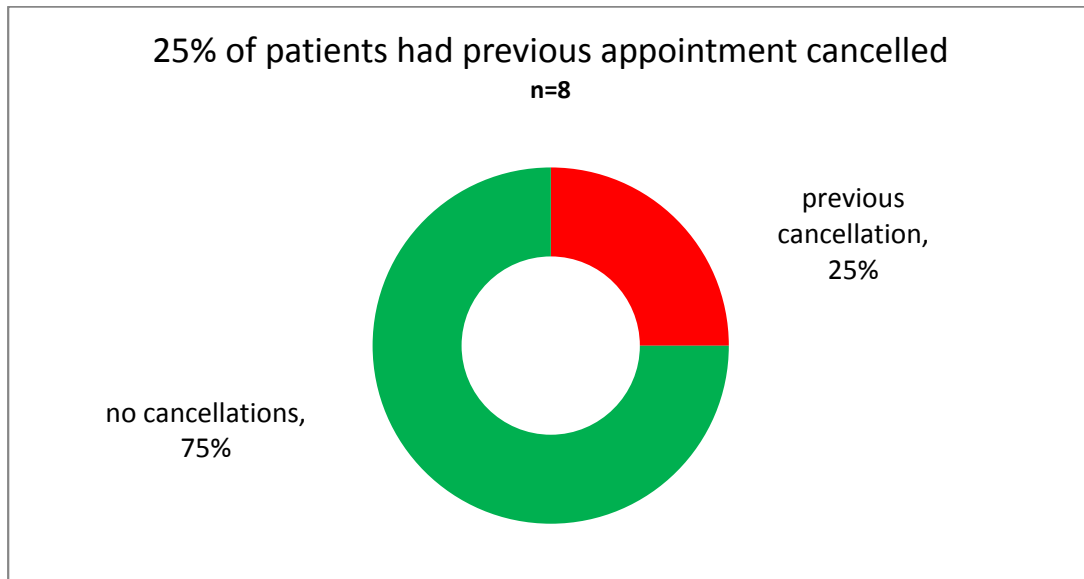
Key findings

clinical care

The review found patients using the Gynaecological clinic were generally favourable about the quality of care provided at their consultation. Most (75%) patients gave favourable reports about various aspects of the consultation (personal notes and relevant information available, opportunity to ask questions, and choices of treatment offered and explained). Patients generally praised the quality of care provided by clinical staff.

¹ Enter and View authorised representatives.

referral process



A quarter of patients (25%) reported that a previous appointment for their condition had been cancelled, very similar to the OPD average of 22%.

good waiting environment

Patients gave very positive assessments of various aspects of the waiting environment at the Gynaecological clinic. All but one of the patients surveyed rated the environmental features (seating comfort, sufficient seating, drink availability, signposted toilets, lighting and ventilation) as 'good' or 'very good'. All respondents rated the overall environment as 'very good' or 'good' compared to the OPD average of 75%, but some people reflected that they had taken into account its limitations.

good customer relations

All of the patients surveyed reported they had been made to feel welcome when arriving at reception. This figure is higher than the OPD average of 95%.

3 Observations

First Impressions

The Gynaecological Clinic is in the basement of the main OPD. It is well signposted with a pleasant 'Welcome to the Gynaecological Clinic' sign. However, because the entrance is at the back of the main clinic, new patients might not see that sign and some patients said they had waited in the main reception queue before being directed to the Gynaecological Clinic. There is a lift to the clinic, which had been useful to one lady who needed a wheelchair.

The waiting room is small and clean, but quite cramped. It had sufficient seating when we visited but we were informed it could get very busy and crowded on some clinic days. Two thirds of patients we spoke to rated the overall environment as 'good' or 'very good', but numbers were small.

The clinic is a specialist regional centre as well as a colposcopy clinic.

Reception Area

There is no privacy at the reception area which is a desk within the same room as where patients are waiting. The reception desk is only a few feet from the nearest waiting room seat. Staff members are aware of the issues and are sensitive to confidentiality and there are a number of clinical rooms that could be available for private conversation. Patients we spoke to said staff at reception were good or very good. The radio was on, which does give some audio cover. Only one of the patients we spoke to believed conversations could be overheard.

The notes were visible but not exposed. There was a notice board with information about a cancer support group and plenty of leaflets.

We witnessed the reception and corridor from which clinical rooms come off being used as a thoroughfare by people doing other work (in this case delivering supplies). Given that there could be intimate examinations taking place in this clinic, this is not acceptable and staff expressed that it was not acceptable to them.

The toilet was not obviously signposted.

Recommendation

Regular working visitors need to be informed that it is not acceptable to walk through this department as there are alternative routes. All visitors should also be asked to report to reception.

Recommendation

The toilet needs signposting.

Waiting to be seen in the clinic

About half the patients came with partners or a friend. Two patients were trying to work on computers and asked that Wifi might be available or mobile phone access. These facilities were requested by patients in most clinics, and as mentioned in other departmental reports, the BSUH needs to clarify its policies on communications devices and have a consistent approach across all OPDs.

We visited on a couple of occasions. On one, there were no patients but staff appeared to be available. It seems that there have been gaps in Registrar appointments and this has impacted on some clinics being run. We were told that the clinics would be full in August.

On the other occasion, the clinic was scheduled to start at 1.30pm but the first person was seen about 2pm. Two thirds of the patients were running late. One person was willing to be texted at her work as she worked locally and could continue her job and arrive later. Consideration needs to be given to informing patients of delays in real time, so they can adjust arrangements for themselves. Only two people were informed that the clinic was running late.

Recommendation

Patients should be informed as a matter of course when the clinic is running late.

Recommendation

The doctor appointment system needs to be reviewed so that clinic spaces are optimised.

The referral process and follow up

The clinic seemed to have a number of different referral pathways. The colposcopy clinic was managed within the department. Those women referred through the urgent care pathway went to the booking hub, but appointments were prioritised in the department by the manager. The patients we saw said they were seen within targets. Others came through the booking hub in the normal way. The manager said she had a good relationship with the person managing her part of the hub and she thought appointment system worked well.

Two patients at this clinic had had the appointment they were attending when we visited postponed for a week, which seems to indicate a clinician was away or there were staff shortages.

Recommendation

Some patients said that the appointment service could be improved by a texting system reminding them of the appointment which seems to be in place at some clinics.

Despite general confidence in the referral system, we found some administrative problems that had caused distress to patients.

Judy had an operation in January as an emergency. She waited three months after seeing a consultant and was still having problems. Finally, she got an appointment for the 30th June. She took time off work. However, on the 29th June, she had a letter saying that she had missed her appointment the previous week and she must start again and be re-referred from her GP. She said she had never received this appointment. When she got this letter from the hospital, she had tried to make a phone call but was unable to get through or get a reply on a number of attempts and there was no e mail address to contact.

She was very distressed and wrote to her GP and was given her current appointment within two weeks.

Wilma received an appointment for a date when she was going on holiday. She contacted the number on the referral letter and 'rang and rang', but no one picked up the phone. There was no email address so she wrote a letter. She then got a phone call from a person who apologised and she received an appointment.

Karen was being investigated in the endocrinology department. She had had an MRI scan in March and had still not heard the results. She had phoned four times and had now gone back to her GP for help. She was given the PALS contact number at the RSCH by Healthwatch.

Nichola had an appointment but was not sure why she was there. She had had a biopsy two weeks ago and was told she would get the results in 4-6 weeks, so she was worried about being called in sooner as she felt it must be bad news. In the event, the appointment was for another matter and the biopsy was clear.

Anne was not sure why she was there. She was involved in more than one stream of investigation. She felt the consultation went well, but left with two appointments which she was told might not come up in the right order to make progress.

Sometimes the system does work well. A patient in her nineties was in lots of discomfort and her appointment was brought forward by a month.

Recommendation

There appeared to be a number of problems with the appointment system including appointments going astray, routine letters being sent that upset people, appointments out of the blue, delays in getting test results, and appointments not being programmed so that the patient and staff could get best use of consultations. We heard recurrent stories, not just in this clinic, of patients wanting to check or change their appointment and not being able to get through to the bookings department by phone or e mail. These outstanding issues with the appointment system needs an urgent review and improvement.

The consultation

Jackie had found the previous consultation at the end of January very unsatisfactory and had left very distressed. The clinic had started 40 minutes late. She saw a Registrar who the patient said seemed harassed because she was late. Jackie suggested a diagnosis but wanted to check with her consultant. She was told that the consultant did not concur with the diagnosis and the patient was left in limbo and still did not know what was the matter with her when we visited. No follow up letter was sent to the patient or her GP.

Recommendation

There appears to be some uncertainty about what some appointments are for and their result. Whether there is a problem with communications between doctors and patients or other issues needs exploration so some patients can leave the clinic with more certainty.

4 Conclusion

The clinic had a good atmosphere and staff were making an effort to be sensitive to people's needs. Nevertheless, a number of patients had had some negative experiences. The clinic appeared to have had recent problems with delays in appointment times and clinic postponements which needs attention as there could be more potential to see more patients.